

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA
TRANSCRIPT DESIGNATION AND ORDERING FORM

Please read instructions.

1. NAME Ryan T. Cox		2. PHONE NUMBER 303-861-2800		3. DATE February 12, 2019	
4. MAILING ADDRESS 1600 Broadway, #1200		5. E-MAIL ADDRESS rcox@springersteinberg.com		6. CITY Denver	7. STATE Colorado
8. ZIP CODE 80202	9. JUDGE Hon. Brian Morris		10. CASE NAME USA v. Stanley Patrick Weber		
11. U.S. DISTRICT COURT CASE NUMBER 18-cr-00014-BMM			12. COURT OF APPEALS CASE NUMBER 19-30022		
13. ORDER FOR					
<input checked="" type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER - Specify					
14. TRANSCRIPT REQUESTED - Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.					
PORTIONS		DATE(S)	REPORTER	PORTIONS	
Change of Plea				Closing Argument - Plaintiff	
Pre-trial Proceeding		7/10/18	Kyette Heinze	Closing Argument - Defendant	
Voir Dire				Settlement Instructions	
Opening Statement - Plaintiff				Jury Instructions	
Opening Statement - Defendant				Sentencing	
Testimony - Specify Witness				Other - Specify	
15. ORDER					
CATEGORY	ORIGINAL Includes certified copy to clerk for records of the Court	FIRST COPY to each party	ADDITIONAL COPIES to same party	FORMAT REQUESTED Each format is billed as a separate transcript copy.	
				Paper	Electronic Specify File Format
30-Day (Ordinary)	\$3.65/page <input checked="" type="checkbox"/>	\$.90/ page <input type="checkbox"/>	\$.60/ page <input type="checkbox"/>	<input checked="" type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input checked="" type="checkbox"/> <input type="checkbox"/> A-Z word index
14-Day	\$4.25/page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	\$.60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
7- Day	\$4.85/ page <input type="checkbox"/>	\$.90/ page <input type="checkbox"/>	\$.60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
3- Day	\$5.45/ page <input type="checkbox"/>	\$1.05/ page <input type="checkbox"/>	\$.75/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
DAILY	\$6.05/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
HOURLY	\$7.25/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
16. & 17. CERTIFICATE OF SERVICE, DISTRIBUTION and PAYMENT					
E-file this form with the clerk's office, mail to opposing counsel if they are not electronic filers and serve the court reporter. If payment is authorized under CJA, complete CJA 24 form through box 15 and attach to this order when e-filing. Financial arrangements must be made with the court reporter before transcript is prepared.					
I certify that this form has been served on the court reporter this date: <u>2/13/19</u> Attorney signature: <u>[Signature]</u>					